

Work Order ID 88723

88723

Page 1

Tuesday, July 31, 2012 3:01:09 PM

Item ID: D350-604-041

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Rear Locker Extender

Stop

NS2

Start Date: 7/31/2012 Start Qty: 1.00

1

Cust Item ID:

Required Date: 8/24/2012 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan:

D

Date: 7/31/2012 Tooling:

Date:

Run

Start

NR1

QC:

Date: SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D2273	F								
D350-604-041	B								

100

100

DOCUMENT CONTROL

SL

0.00

DC

Document Control

Memo

0.00

Photocopy bluefile and create labels per PPP D350-604-041

CHG003 for D2273 rev.E (new gelcoat)

CHG004 for D2273 rev.F (new primer)

SCRAP

110

110

Purchasing

Purchasing

PURCHASING

Memo

0.00

Issue P/O: *17583*

Description: D350-604-041 Rear locker extender.

Supplier: Delastek.

Certification of Conformity and process sheet from Delastek is required.

4 x 2600-6 Camlock stud - Ship to Delastek B *122335*

4 x 2600-LW Retaining washers - Ship to Delastek B *121521*

01207-21

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS																	
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>																
Part No. _____																							
NCR No. _____																							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector												
Doc/Data																							
Equip/Tooling																							
Operator																							
Material																							
Setup																							
Other																							
Process																							
Supplier																							
Training																							
Unapproved																							
FAULT CATEGORY																							
Landing Gear				General																			
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio								<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			

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Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

120

Receive & Inspect for Damage & Mat'l Certs

0.00

120

Packaging

Packaging

Memo

0.00

Ensure a copy of Certification of Conformity and process sheet from Delastek is attached.

14

SP
12-8-13.

130

QC5- Inspect part completeness to step on W/O

0.00

130

QC

Quality Control

Memo

0.00

Check hole locations to template. DT 8824 Check process sheet and audit.

140

0.00

140

Small Fab

Small Fab

Memo

0.00

INSTALL DECALS AS PER DWG

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS							
Part No. _____		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear. <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

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Process Plan:

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Date:

Run

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NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

150

QC5- Inspect part completeness to step on W/O

0.00

150

QC

Quality Control

Memo

0.00

160

Packaging

0.00

160

Packaging

Packaging

Memo

0.00

Identify and pack for shipping as per PPP D350-604-041

Location: _____

PPP Rev: _____

170

QC21- Final Inspection - Work Order Release

0.00

170

QC

Quality Control

Memo

0.00

212108130

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION			AGAINST DEPARTMENT/PROCESS										
Part No. _____		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>									
NCR No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>									
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>									
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>										
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector				
Doc/Data															
Equip/Tooling															
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Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
												<input type="checkbox"/> Other			

Picklist Print

Page 1

Tuesday, July 31, 2012 3:01:13 PM

Work Order ID: 88723

88723

Parent Item: D350-604-041

D350-604-041

Parent Item Name: Rear Locker Extender

Start Date: 7/31/2012

Required Date: 8/24/2012

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:Q03.12.01ReformatKJ/RF IPP REV:R
 12.02.07 AS PER ECN12-521 DD verf:JLM IPP REV:S 12.04.04
 AS PER DWG REV.B DD VERF:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

D2269		Manufactured	No				Each	36.0000		1			
-------	--	--------------	----	--	--	--	------	---------	--	---	--	--	--

D2269

Decal

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
ST007	32	
80011	20	
86944	12	

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
ST009	4	
78920	4	

2600-6		Purchased	No	110	Each	391.0000	4	4				
--------	--	-----------	----	-----	------	----------	---	---	--	--	--	--

2600-6

Camlock Stud

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
ST380	391	
120077	8	
121556	4	
122317	34	
122335	145	
122441	200	

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS									
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>							
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector			
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear Bending Centre Not Concentric to O/S Cracks Crushed/Crimped. Cuffs Heat Treat Inspection Strip in Tube Ripples in Bend Torque Waves in Extrusion Turning Sequence Wave/Twist in Tube				General Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/>			Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/>				Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/>			Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> <input type="checkbox"/> Other	

Picklist Print

Page 2

Tuesday, July 31, 2012 3:01:13 PM

Work Order ID: 88723

88723

Parent Item: D350-604-041

D350-604-041

Parent Item Name: Rear Locker Extender

Start Date: 7/31/2012

Required Date: 8/24/2012

2600-LW

Purchased

No

110

Each

515.0000

4

4

*********2600-LW***

Camloc Retaining Washer

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
380	200	
122452	200	
ST380	312	
121524	112	
122317	200	
ST381	1	
121287	1	
ST398	2	
120648	2	

D350-604-041P

Purchased

No

110

Each

3.0000

1

1

*********D350-604-041P***

Rear Locker Extender

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
CA	3	
87193	1	
87194	1	
87196	1	

D2268

Manufactured

No

140

Each

41.0000

1

1

*********D2268***

Decal

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
ST007	20	
80010	20	
ST009	21	
69592	2	
78908	7	
86752	12	

Tuesday, July 31, 2012 3:01:13 PM

Shop Packet Print

Page 2

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION			AGAINST DEPARTMENT/PROCESS						
Part No. _____		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
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Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO17583

Purchase Order Date 7/31/12

PO Print Date 8/09/12

Page Number 2 of 3

Order From: VU-SOL001

SOLVE COMPOSITES
29 DISTRIBUTION WAY, SUITE 101
PLATTSBURGH, NEW YORK 12901
UNITED STATES OF AMERICA

Contact Name	Buyer	Brigitte Golden
Vendor Phone	Requisition Nbr	
Vendor Fax	Tax Resale Nbr	10127-2607
Vendor Account Nbr	Terms	Net 30
	Currency	USD
	FOB	Destination-Collect

4	D350-604-041P	Rear Locker Extender	8/24/12 Yes	<input checked="" type="checkbox"/> 1.00 FedEx PI collect Each	\$315.0000	\$315.00
Special Inst: SAME AS ABOVE B#88727						
5	D350-604-041P	Rear Locker Extender	8/24/12 Yes	<input checked="" type="checkbox"/> 1.00 FedEx PI collect Each	\$315.0000	\$315.00
Special Inst: SAME AS ABOVE B#88726						
6	D350-604-041P	Rear Locker Extender	8/24/12 Yes	<input checked="" type="checkbox"/> 1.00 FedEx PI collect Each	\$315.0000	\$315.00
Special Inst: SAME AS ABOVE B#88725						
-	D350-604-041P	Rear Locker Extender	8/24/12 Yes	<input checked="" type="checkbox"/> 1.00 FedEx PI collect Each	\$315.0000	\$315.00
Special Inst: SAME AS ABOVE B#88724						
8	D350-604-041P	Rear Locker Extender	8/24/12 Yes	<input checked="" type="checkbox"/> 1.00 FedEx PI collect Each	\$315.0000	\$315.00
Special Inst: SAME AS ABOVE B#88723						

No substitution or deviation without
consent.

Certificate of Conformity or Material
Certification required YES NO

Change Nbr:

5

Change Date: 8/09/12

This invoice must be completed in English

COMMERCIAL INVOICE

<p>EXPORTER : Tax ID# : Contact Name : Alisa Langille Telephone No. : 5183243838 E-Mail : solvecomposites@hotmail.com</p> <p>Company Name/Address : Solve Composites 29 Distribution Way Suite 101</p> <p>Plattsburgh NY 12901 Country : United States Parties to Transaction:</p> <p><input type="checkbox"/> Related <input checked="" type="checkbox"/> Non-Related</p> <p>Payment Terms :</p> <p>Purpose of Shipment : Commercial</p>							
		<p>Ship Date : 10 Aug, 2012</p> <p>Air Waybill No. / Tracking No. / Bill of Lading : 798720600933</p> <p>Invoice No. : Purchase Order No. :</p>					
<p>CONSIGNEE : Tax ID# : Contact Name : Linda Lacelle Telephone No. : 6136325200 E-Mail : Company Name/Address : Dart Aerospace 1270 ABERDEEN ST</p> <p>HAWKESBURY ON K6A1K7 Country : Canada</p>		<p>SOLD TO (if different from Consignee): <input checked="" type="checkbox"/> Same as CONSIGNEE :</p> <p>Tax ID# : Company Name/Address : Country :</p>					
<p>If there is a designated broker for this shipment, please provide contact information</p> <p>Name of Broker Tel No. Contact Name</p> <p>Duties and Taxes Payable by <input type="checkbox"/> Exporter <input checked="" type="checkbox"/> Consignee <input type="checkbox"/> Other If Other, please specify</p>							
No. of Packages	No. of Units	Unit of Measure	Description of Goods	Harmonized Tariff Number	Country of Origin	Unit Value	Total Value
3.00	THM	Commercial - fiberglass panel		701939100000	US	250.000000	750.00
Total No. of Packages : 3		Total Weight (Indicate LBS or KGS) : 150.00-lbs		Incoterms :		FCA/FOB	
Special Instructions :				Subtotal :	750.00		
				Insurance :	0.00		
				Freight :	0.00		
				Packing :	0.00		
Declaration Statement(s) :				Handling :	0.00		
These commodities, technology, or software were exported from the United States in accordance with the Export Administration Regulations.				Other :	0.00		
Diversion contrary to United States law is prohibited.							
I declare that all the information contained in this invoice to be true and correct				Invoice Total :	750.00		
Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual :				Currency Code :	USD		
10 Aug, 2012							
Signature / Title / Date							



Certificate of Conformance

Solve Composites

29 Distribution Way

Plattsburgh, New York, 12901

USA

Dart Aerospace Order Number: 17583

Part Number: D2273

Quantity: 1

Drawing Number: D2273, DT8020

Serial Number (s): 0013

Date: August 10, 2012

Non-Conformances: None

This is to certify that the parts identified above conform to all applicable drawings and/or specifications as evidenced by reports on file, and that all other purchase order and quality requirements have been met.


Jerry Reyell

Project Manager

Solve Composites

Chantal Lavoie

From: Jerry Reyell <JReyell@solvecomposites.com>
Sent: August 14, 2012 7:13 AM
To: 'Isam El-Kassis'
Cc: 'Chantal Lavoie'; 'Melanie Fauteux'; 'Eric Downing'
Subject: RE: shipment # 13422

Return using RMA 821.

Jerry Reyell
Project Manager
Solve Composites
29 Distribution way
Suite 101
Plattsburgh, NY 12901
518-324-3838
Extension 105

From: Isam El-Kassis [<mailto:ielkassis@dartaero.com>]
Sent: Monday, August 13, 2012 3:46 PM
To: 'Jerry Reyell'
Cc: Chantal Lavoie; 'Melanie Fauteux'; 'Eric Downing'
Subject: RE: shipment # 13422
Importance: High

Hi Jerry,

Please provide me with RMA for returning the three received today Rear lockers, three of them 'been rejected.(lockers # 0011, 012 & 013), we fixed 0010 ourselves. Also try to find a sticker that goes on for part control.

Please have more control over the shipped parts to us, it is not practical for both of us to keep on returning the parts to you if they do not conform to our drawing or as per spec.

Thank you,

Isam

From: Isam El-Kassis [<mailto:ielkassis@dartaero.com>]
Sent: Monday, August 13, 2012 1:51 PM
To: 'Jerry Reyell' (JReyell@solvecomposites.com)
Subject: FW: shipment # 13422
Importance: High

Hi Jerry,

FYI,
I've sent Alisa this email, but she is on vacation I believe, could you please take care of this issue for me,

Also, just received a note from our Qc, the other two lockers we received they have a very thin Gelcoat, the drawing we sent you specify the thickness of the gelcoat, please do not reduce the amount of gelcoat now we have three questioned lockers, one is to be returned for sure and the other two we will be cleaning them if this did not work then we will return the three at the same time.

Thank you

Isam

From: Isam El-Kassis [<mailto:ielkassis@dartaero.com>]

Sent: Monday, August 13, 2012 12:59 PM

To: Alisa Langille (alangille@solvecomposites.com)

Cc: Alisa Langille (alangille@aol.com)

Subject: shipment # 13422

Importance: High

Hi Alisa,

We received the three rear lockers now, unfortunately the repaired one from RMA 820 is not good, it shows clearly that there is a kind of hole in it, it has to be camouflaged completely therefore, we will not accept it as is right now, we need to return it, please provide RMA for this part (old RMA # 820)

Regards,

Isam El-Kassis
Director of Operations



T(613) 632-5200 ext. 231

C(514) 463-7574

F(613) 632-1053

ielkassis@dartaero.com

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Solve Composites
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Plattsburgh NY 12091 USA
Tel: 518-324-3838
Fax: 518-324-5531

RECEIVED AUG 28 2012

Credit Memo

Sold Dart Aerospace
To: 1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Canada

Ship Dart Aerospace
To: 1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Canada

Invoice Number:	CN 00001	Salesman:	UNKNOWN....
Invoice Date:	08/14/12	Terms:	Net 30 Days
Customer:	DART	PO Number:	17583

RMA# 821

Item	Quantity	Description	Revision	Unit Price	Amount
1	3	D350-604-041P - D350-604-041P Rear Locker Extender	F	-\$315.0300 / EA	-\$945.09
				Sub-total:	-\$945.09
				Sales Tax:	\$0.00
				Shipped Via Fedex Freight:	\$0.00
				Invoice Total:	-\$945.09
				Paid To Date:	\$0.00
				Balance Due:	-\$945.09